

Lexington Police Department



Volunteer Chaplaincy Program Chaplain Application

PURPOSE:

The Chaplaincy Program of the Lexington Police Department provides and assists department members, their families and the community in crisis or emergency situations.

QUALIFICATIONS:

- Must be 21 years of age.
- Must be a regular or duly ordained minister, priest, rabbi or recognized clergy of their denomination. No particular faith or denomination will be represented to the exclusion of others. (CALEA 16.4.2)
- Be available 24 hours a day.
- Have taken educational programs, credits or courses in the area of psychology or counseling. A bachelor's degree or higher, while not required, are preferred.
- Police chaplains will be familiar with SC Code of Laws 19-11-90, as amended, pertaining to priest-penitent privilege, and will acknowledge that they have read and are familiar with this statute.
- Have a specialized interest in law enforcement chaplaincy and exhibit a broad base of experience, maturity and flexibility.
- Have a caring and considerate attitude towards all members of the Department regardless of their race, sex, creed or religion.
- Be able to maintain personal control in extremely stressful situations.
- No prior convictions for a criminal offense or offenses involving moral turpitude.
- Possess a valid and current driver's license.
- Agree to attend relevant seminars and training, as made available.

CONTACT INFORMATION:

The Police Chaplain Program is coordinated through the Department's Office of Professional Standards. For additional information, please make any inquiries to the following:

Lexington Police Department
111 Maiden Lane
Lexington, SC 29072
(803)359-6260
www.lexsc.com

PLEASE READ CAREFULLY BEFORE PROCEEDING:

Due to the sensitivity and classified nature of the material that will be available to you in your role as a police chaplain, it is essential that each applicant complete this application thoroughly and truthfully.

It is imperative to the security of our agency that each accepted applicant is of good moral and legal standing.

This form must be typewritten or printed in ink.

All questions must be answered, if applicable. If not, indicate N/A (not applicable).

Applications which are not complete and legible will not be considered.

If space provided is not sufficient for complete answers, or you wish to furnish additional information, attach additional sheets to this form, and refer to the question answered.

The information you provide in this application will remain confidential.

You are responsible for obtaining correct addresses, to include street address, state, and zip code.

RETURN THE COMPLETED APPLICATION TO:

Lexington Police Department,
Attention: Police Chaplaincy Program
111 Maiden Lane
Lexington, SC 29072.

BACKGROUND INFORMATION:

Note: A **CONVICTION** includes a guilty plea, payment of a traffic or other fine without court appearance, or a court conviction of a criminal or traffic offense. An **ARREST** constitutes being taken into police custody.

If the answer to ANY of the below-asked questions is YES, please explain in detail. Give date, place, charge, and final disposition in each case. Attach additional sheets if necessary.

1. Have you ever been arrested for an offense other than a traffic violation? _____ (Yes/No) *If yes, please explain in detail showing the date of arrest, charge, location (jurisdiction) and action taken. Include the disposition for the charge (guilty / not guilty / dismissed / did not prosecute):* _____

2. Have you ever been arrested for a traffic offense (example: Driving Under the Influence, Driving Under Suspension, Operating an Uninsured Vehicle, Leaving the Scene of an Accident, etc.)? _____ (Yes/No) *If yes, explain in detail showing the date, charge, location (jurisdiction) and action taken. Include the disposition for the charge (guilty / not guilty / dismissed / did not prosecute):* _____

3. Have you ever illegally possessed any drug or controlled substance that was not prescribed by a medical professional or given to you to hold while you were acting on behalf of, or employed to do so, by a law enforcement agency? _____ (Yes / No) *If yes, please explain:* _____

4. Have you ever illegally sold, given or distributed any drugs or controlled substances? _____ (Yes/No) *If yes, please explain:* _____

5. Have you been terminated from employment or asked to resign from employment? _____ (Yes/No) *If yes, please explain the circumstances:* _____

6. List previous addresses for the last 10 years, beginning with the most recent. Include local law enforcement agency that has jurisdiction at the address and the time period which you resided there.

Number	Street	City	State	Zip	Dates	Police Agency
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Number	Street	City	State	Zip	Dates	Police Agency
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Number	Street	City	State	Zip	Dates	Police Agency
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EMPLOYMENT INFORMATION

List information regarding the last three jobs that you have held (State retired, unemployed, etc., if applicable)

Current Employer (Name): _____ Date of Hire: _____
 Business Address: _____ Phone: _____
 Position / Job Title: _____ Name of Supervisor: _____

Previous Employer: _____ Date of Hire: _____
 Business Address: _____ Phone: _____
 Position / Job Title: _____ Name of Supervisor: _____

Previous Employer: _____ Date of Hire: _____
 Business Address: _____ Phone: _____
 Position / Job Title: _____ Name of Supervisor: _____

EDUCATION

Please indicate your current level of education (check all that applies).

- High School Diploma or GED Year: _____ School: _____
- Some College Coursework Years: _____ School: _____
- Associates Degree Year: _____ School: _____
- Bachelors Degree Year: _____ School: _____
- Graduate Degree Year: _____ School: _____

Please indicate all schools that you have attended beginning with high school.

School	City, State	Dates	Major	Type of Degree <small>(or "None")</small>

List any training, skills and/or experience that you feel would be particularly useful in the position for which you are applying: _____

PERSONAL REFERENCES

(No relatives or former employers. You must include a minimum of three.)

Name	Occupation	Address	Telephone

Before signing this form, please ensure that all the information you have disclosed to the Lexington Police Department is accurate and truthful. ***If you are unsure of any questions, please make sure that you clarify it with a police department representative prior to signing this document.*** Any misrepresentation given by any applicant will result in the denial of the applicant's request to participate in the Lexington Police Department Chaplaincy Program. We ask that you provide, without omission whatsoever, any and all information requested.

I, the undersigned, certify that the information given is true and accurate to the best of my knowledge.

Signature: _____ Date: _____

Lexington Police Department

111 Maiden Lane
Lexington, SC 29072
803-359-6260
803-951-4643 (Fax)



Terrence Green
Chief of Police

"Building Partnerships with the Community We Serve"

Police Volunteer Chaplain Application Authorization for Release of Information

TO:

Any Doctor, Hospital, Medical Association, U.S. Armed Forces,
U.S. Selective Service System, Maritime Service, Veterans Administration, or

Any Academic Dean, Registrar, Principal, Guidance Counselor, other authorized person at a school (college, business, trade or high school), or

Any past or present Employer, or

Any Credit Bureau or Retail Merchants Association, Bank, Financial Institution or any other Credit Extending Organization, or

Any Municipal, County, State, or Federal Governmental Agency.

I, _____, have applied as a Volunteer Police Chaplain with the Lexington Police Department. I am aware that my entire background is to be investigated and hereby authorize and request the release of any and all information you have concerning me, excluding bank or savings and loan association balances, to the Lexington Police Department or its agents. I hereby designate the Lexington Police Department as my authorized representative for the purpose of obtaining such information.

I hereby release anyone addressed above, who gives information about me in the course of an investigation covered by this authorization, from any and all liability for damages of whatever kind to me, my family, heirs or associates as a result of giving such information, except that I do not release anyone who gives information that he knows is false, deliberately intending to harm me or one of my family, heirs or associates.

Printed Name: _____

Signature: _____

Date _____

Subscribed and Sworn to before me this _____ day of _____, A.D. 20_____.

My Commission Expires _____.

Notary Public: _____